

TOWN OF DAVIE
OCCUPATIONAL
LICENSE DIVISION

6591 SW 45 ST
DAVIE, FL 33314
(954) 797-1112

PEDDLER / SOLICITOR / SEASONAL SALES APPLICATION

DATE 9-21-99 FILING FEE 0.00 RECEIPT # _____ RECEIVED BY SS

License # _____ Control # _____ Date Issued _____

APPLICANTS NAME: DAVIE Police Athletic League

ADDRESS: 1230 S. Mob Hill Road, Davie, FL 33324

PHONE NUMBER: (954) 693-8200

LOCATION SITE: Home Depot - 2300 S. UNIVERSITY DRIVE

HOW LONG DO YOU DESIRE TO DO BUSINESS IN THE TOWN OF DAVIE: 30 days 11/27/99 - 12/24/99

DESCRIBE THE NATURE OF YOUR BUSINESS/GOODS TO BE SOLD: CHRISTMAS TREES

PERSONAL INFORMATION: Date of Birth 9/2/58 Birth Place FL. BOCA Race W
Sex M Hair BROWN Eyes BROWN Weight 160 Height 5'7 Age 41
Social Security Number _____ Driver License Number _____

LIST ANY CHANGES OF ADDRESS WITHIN THE PAST FIVE YEARS: N/A

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE? IF YES, STATE NATURE OF OFFENSE AND THE PUNISHMENT OF PENALTY ASSESSED NO

NAME OF PRESENT EMPLOYER AND ADDRESS: TOWN OF DAVIE POLICE DEPARTMENT

VEHICLE INFORMATION: VIN # _____ Year _____
Tag # _____ Make _____ Model _____

The following are required at the time of application:

<input type="checkbox"/> Health Department Permit	<input type="checkbox"/> Property Owners Approval	<input checked="" type="checkbox"/> Certificate of Insurance no less than \$1,000,000.00
<input checked="" type="checkbox"/> Fingerprints	<input type="checkbox"/> \$50.00 Clean Up Bond	<input checked="" type="checkbox"/> References from two Broward County Property Owners
<input checked="" type="checkbox"/> Surety Bond of \$1,000.00	<input type="checkbox"/> Proof of Portable Toilet	<input checked="" type="checkbox"/> 2" x 2" Photograph (taken 60 days prior to application)
<input checked="" type="checkbox"/> Proof of Sales Tax Number	<input type="checkbox"/> Parking available	

I acknowledge that the above marked attachments are required for submission of this application. I have received a copy of section 17 of the Town of Davie Code and acknowledge the restrictions of same.

GARY KILLAM PRESIDENT
Print Applicant's Name And Title

[Signature]
Applicant's Signature

Planning & Zoning Approval _____ Date _____

Police Department Approval _____ Date _____

Fire Department Approval _____ Date _____

Code Enforcement Approval _____ Date _____

Town Clerk/Council Approval _____ Date _____
(Town Council Approval Needed for Seasonal Sales)

Effective Date 09/97

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